

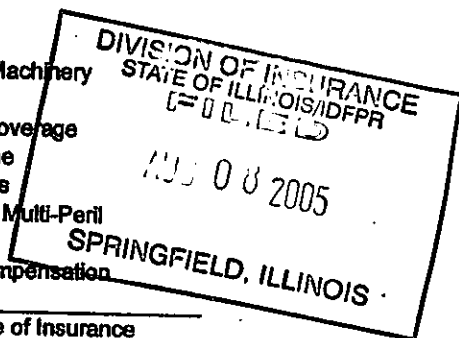
ILLINOIS SUMMARY SHEET

FORM RF-3

8-8-05

Change in Company's premium or rate level produced by rate revision effective 8/1/05

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation		
16. Other		
Line of Insurance	9,704,761	-1%



Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing (if filing follows rates of an advisory organization, specify organization)
(Adopt 1/1/05 Advisory Rates)

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

ACE PROPERTY & CASUALTY INSURANCE COMPANY
Name of CompanyJoe Binkowski - WC Product Line Manager
Official - Title

Summary Sheet (Form RF-3)

Change in Company's premium or rate level produced by rate revision effective January 1, 2006

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>39,704,754</u>	<u>6.3%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

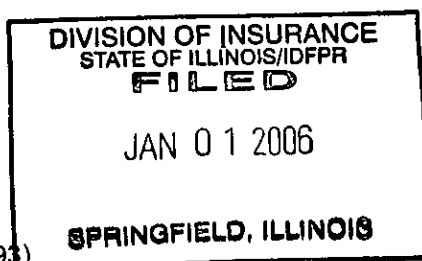
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are adopting the NCCI Advisory Rates

* Adjusted to reflect all prior rate changes.

** Change is Company's premium level which will result from application of new rates.



ACUITY, A Mutual Insurance Company

Name of Company

Diane Udovich

Regulatory Filing Technician

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

3-1-2006 New & Renewal

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$2,267,979	6.80%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

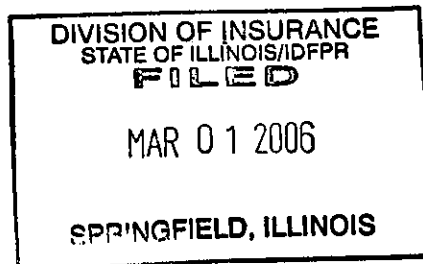
We are filing to adopt NCCI filing IL-2005-09 effective March 1, 2006 for New and Renewals.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Addison Insurance Company

Name of Company



Allen R. Sorensen, AVP - Product Support

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

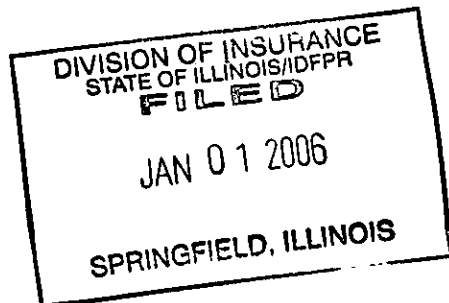
Change in Company's premium or rate level produced by rate revision effective 1/1/06

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	<u>15,153,138</u>	<u>5.5+</u>
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify NOBrief description of filing (if filing follows rates of an advisory organization, specify organization) follows rates of an advisory org. NCCI

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



AIA North America Ins Co
 Name of Company

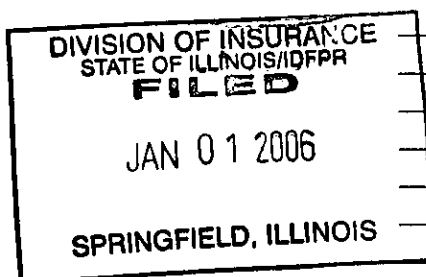
Suzanne Mazzone
 Official — Title
VP, Compliance

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2006.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation		
16. Other		
	425,813 (pg 24	
	IL of 2004	
	Annual	
	Statement)	6.3%
<u>Workers Compensation</u>		
<u>Line of Insurance</u>		



Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American Safety Cas. Ins. Co.

Name of Company

Thomas L. Rudd, Manager

Official — Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective JANUARY 1, 2006.

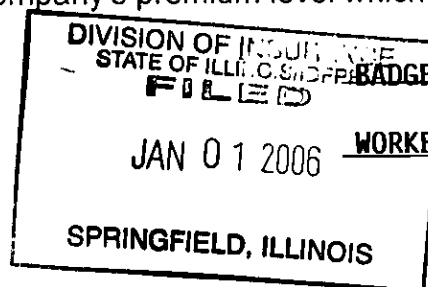
(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>WORKERS COMPENSATION</u> Life of Insurance	<u>1,421,000</u>	<u>+6.5%</u>

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): NCCI

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.



BADGER MUTUAL INSURANCE COMPANY
Name of Company
WORKERS COMPENSATION COORDINATOR
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective February 1, 2006.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>147,252</u>	<u>+4.53%</u>
Line of Insurance		

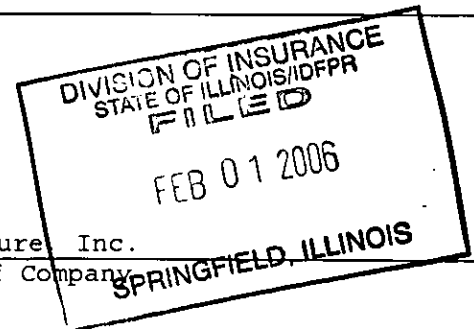
Does filing only apply to certain territory (territories) or certain classes?
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adoption of NCCI's 01/01/2006 Loss Costs
To be effective for BancInsure 02/01/2006, while maintaining our current loss
cost multiplier of 1.30.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

BancInsure, Inc.
Name of Company



Kathryn A. Shilling - Filings Analyst
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/06

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>WC</u>	\$40,221,749	+6.3%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

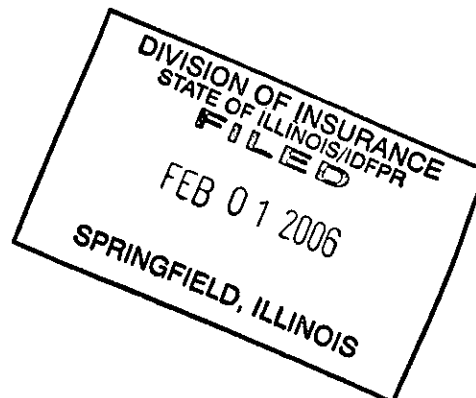
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI's voluntary loss costs and rating values, effective 2/1/06

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Everest National Insurance Company
Name of Company

David J. Myers - Sr. Vice President
Official - Title



**DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED**

JAN 01 2006

SPRINGFIELD, ILLINOIS

**ILLINOIS SUMMARY SHEET
Form (RF-3)**

Change in Company's premium or rate level produced by rate
revision effective January 1, 2006

(1)		(2)	(3)
Coverage		Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$7,027,704	5.3%
16.	Other		
Line of Insurance			

Does filing only apply to certain territory (territories) or certain
classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization):

(1) Adopt 1/1/06 NCCI Loss Costs, miscellaneous values, and Exhibit III Deductible Insurance-Medical Benefits

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

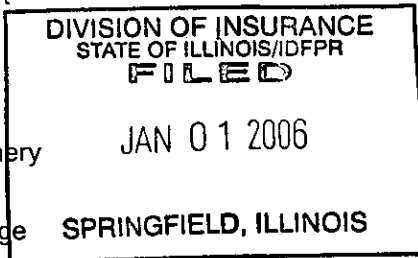
Farmers Insurance Exchange
Name of Company

James J. Gebhard, FCAS, MAAA
Actuary, Workers Compensation
Official - Title

ILLINOIS SUMMARY SHEET FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$5,891,842	+10.5%
16. Other _____		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Filing to maintain
currently approved deviation of 1.050 to be used effective January 1, 2006 and applied to all January 1, 2006 rates
approved in NCCI Circular IL-2005-11.

* Adjusted to reflect all prior rate changes.

** change in Company's premium level which will result from application of new rates.

Great West Casualty Company

Name of Company

Janice L. Hohenstein, CPCU

Actuarial Analyst

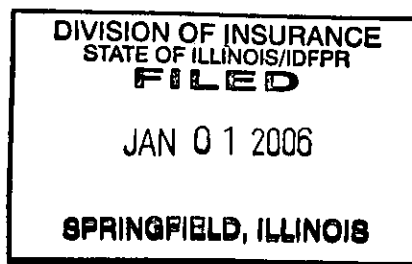
Official - Title

SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective: January 1, 2006

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary & Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler & Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine _____		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Worker's Compensation	\$1,284,769 (Yr ending 11-30-05)	+6.3%
16. Other:		



Line of Insurance

Does filing only apply to certain territory (territories) or certain classes? no

If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting Illinois NCCI
advisory rates and rating values filed to be effective January 1, 2006.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

IMT Insurance Company (Mutual)
Name of Company

Anita Lee, CPCU, ARP, Senior Compliance Analyst, Research & Development
Official - Title

**DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED**

JAN 01 2006

SPRINGFIELD, ILLINOIS

**ILLINOIS SUMMARY SHEET
Form (RF-3)**

Change in Company's premium or rate level produced by rate
revision effective January 1, 2006

(1)		(2)	(3)
Coverage		Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$3,730,957	5.2%
16.	Other		
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain
classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization):

(1) Adopt 1/1/06 NCCI Loss Costs, miscellaneous values, and Exhibit III Deductible Insurance-Medical Benefits

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

Mid-Century Insurance Company
Name of Company

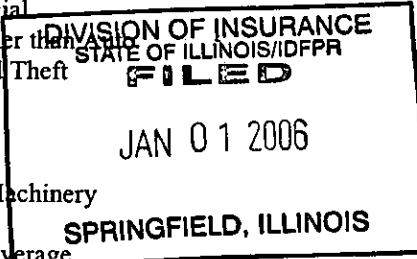
James J. Gebhard, FCAS, MAAA
Actuary, Workers Compensation
Official - Title

**ILLINOIS SUMMARY SHEET
FORM RF-3**

Change in Company's premium or rate level produced by rate revision effective:

01-01-2006

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other than Automobile		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$18,000,000	-5.0%
16.	Other:		



Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing (if filing follows rates of any advisory organization, specify organization).

Midwest Insurance Company is filing our own company rates based on NCCI 2006 proposed rates with some deviation.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Midwest Insurance Company

Name of Company

Max G. Carney - President and CEO

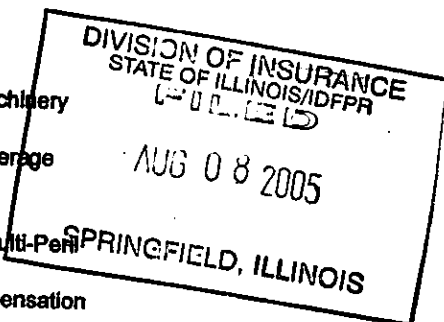
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 8-8-05
8/8/05

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Pert		
14. Crop Hail		
15. Workers Compensation		
16. Other		
Line of Insurance	<u>4,397,269</u>	<u>+88.2%</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization)
(Adopt 1/1/05 Advisory Rates)

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

PACIFIC EMPLOYERS INSURANCE COMPANY
Name of CompanyJoe Binkowski - WC Product Line Manager
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 2-1-2006

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u> Line of Insurance	2,230,000	-0.2%

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: All classes

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Loss Cost Revisions - announced in Circular IL-2005-11.

*Adjusted to reflect all prior rate changes.

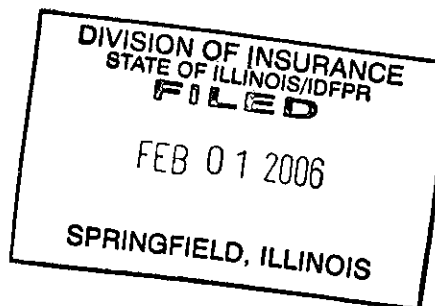
**Change in Company's premium level which will result from application of new rates.

Pharmacists Mutual Insurance Company

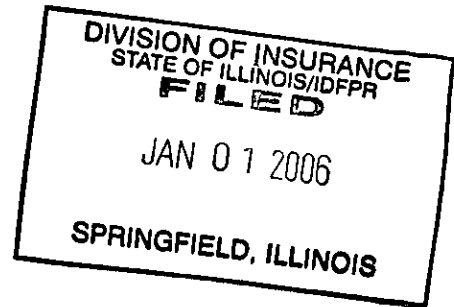
Name of Company

Heidi T. Allen - State Filings Analyst

Official - Title



ILLINOIS SUMMARY SHEET
Form (RF-3)



Change in Company's premium or rate level produced by rate
revision effective January 1, 2006

(1)		(2)	(3)
Coverage		Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$16,194,066	4.8%
16.	Other		
Line of Insurance			

Does filing only apply to certain territory (territories) or certain
classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization):

(1) Adopt 1/1/06 NCCI Loss Costs, miscellaneous values, and Exhibit III Deductible Insurance-Medical Benefits

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will
result from application of new rates.

Truck Insurance Exchange
Name of Company

James J. Gebhard, FCAS, MAAA
Actuary, Workers Compensation
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

3-1-2006 New & Renewal

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$4,329,278	5.70%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are filing to adopt NCCI filing IL-2005-09 effective March 1, 2006 for New and Renewals.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

United Fire & Casualty

Name of Company

Allen R. Sorensen, AVP - Product Support

Official - Title

